

BRIDGING INEQUITY IN HEALTH CARE

■ A nation conference on health sector has come out with a road map to bridge inequities in health sector. The conference finalized short term and long term research agenda to help policy makers remove inequities in health care.

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The three-day conference hosted by Achutha Menon Centre for Health Science Studies (AMCHSS) on the theme 'Closing the gap project,' which concluded here on Thursday, has come up with short-term and long-term research agenda to influence government and civil society initiatives for reducing health inequities.

While the conference listed priority areas for health equity research process in the country, a consensus document based on a two-year process involving a wide-range of stakeholders was also finalised at the meet.

The conference called for overhaul of existing research mechanism which was mainly focussed on getting the figures. Experts at the conference said there was a need to go beyond statistics to understand problems and devise solutions.

They decided to work on three streams of research focussing on prevailing problems, why and what needs to be done in various spheres. While the short-term agenda will begin right away with institutions, research students and faculty studying in depth immediate issues, the long-term agenda will be for a period of ten years covering various aspects of

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"We deliberated on the growing inequities in health and consolidate research work carried out in different fields across the country. Already a consolidated version has been brought out on the research papers on the inequities based on caste, gender and socio-economic factors," said Prof V. Ramankutty, head of Achutha Menon Institute. He said the research work would be prioritised according to the requirements.

The governments and health policy makers have only numbers before them. For instance, statistics of people with disability are available but there is very little idea about their health issues. "We don't know about their health requirements beyond disability. Whether they have access to health care, what

are the daily problems that they confront and what are the socio-economic issues linked to them? Except for collecting their statistics and announcing schemes, nothing much is being done to study issues of different sections in depth," said Dr. T.K. Sundari Ravindran, professor AMCHSS.

The conference has laid down the road map for research that will make sense. There is very little information about the health status of over 20 lakh migrant workers and the subject needs to be studied extensively.

Similarly why the health status of tribals, dalits and coastal population is poor? Why being a tribal, dalit or fishermen makes one disadvantaged? Experts say a detailed evaluation is needed to find out why these sections have become disadvantaged. Is it only because of social reasons or lack of education, literacy, food, livelihood or knowledge. "Unless these

issues are factored in the programmes aimed at these sections will fail to deliver results," Dr Sundari Ravindran said.

Experts say absence of solid data obtained through detailed research was resulting in unreasonable schemes which made no sense. Despite many health programmes targeted at the tribals, women and children were still vulnerable.

There is a need for researchers to look at what is being done, what has worked and why and how it can be scaled up. During the deliberations it was pointed out that blindly emulating models of other states or countries ran the risk of getting wrong results.

"We adopt models which have worked excellently in other places without analysing what underlies that excellence. This results in plain transplant of a model in another place and it is bound to fail. For instance palliative care works effectively in northern Kerala with strong community network. But the same does not work in southern districts for different reasons like lack of cohesiveness and community volunteerism," said Dr Ravindran.

Even in the area of Non-Communicable Diseases (NCD) there is a need for in-depth study. Which sections are the most affected, why is the incidence among them increasing, which districts are most

affected and why, is there any particular reason? Unless such detailed research works are carried out, it would be difficult to devise effective intervention strategies.

The experience of Thailand on universal health coverage was presented at the conference. The effective research work and collection of data on a national scale helped in proposing a policy for universal health care in that country. Health care was made affordable for a wider section of society.

The Data Health Research Institute of Thailand continuously monitors the universal health policy to give regular feed back to the government.

Similar initiatives can be implemented in the country with changes required in native conditions. The research should be able to track the progress of programmes and close monitoring would help the government help improve universal health care programmes.

The experts pointed out that researchers and the governments have to set priorities. A participant from South Africa said many social groups in South Africa wanted annual screening for cervical cancer detection. She conducted several workshops to demonstrate that screening once in five years was more than enough to save lives.